

# EVALUATION OF LIFE AND DEATH STUDIES COURSE ON ATTITUDES TOWARD LIFE AND DEATH AMONG NURSING STUDENTS

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The aim of this study was to evaluate attitudes toward life and death among nursing students after attending the life and death studies (LDS) program. Both qualitative and quantitative methods were used to collect data. The pretest–posttest control group design randomly assigned students to an experimental ( $n = 47$ ) or control group ( $n = 49$ ). The 13-week course included lectures, video appraisal, games, simulations, films, books, assignments and group sharing. Statistical and content analysis were used to analyze qualitative and quantitative data. The findings showed a significant improvement in perception of the meaningfulness of life in four categories of improvement: expanded viewpoint, sadness about death, treating life sincerely, and instilling hope in life. The qualitative data indicated that a positive change in meaning of life was associated with interaction with others and self-reflection.

**Key Words:** life and death studies, evaluation, nursing students  
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The role of nurses has been described as an inspiring one. Nurses can provide patients with a sense of hope, worth and purpose. Hope, giving meaning, search for purpose, relatedness, and transcendence are accepted characteristics of spirituality [1–3]. Spirituality, as a part of daily life, has been important in all civilizations [4]. At present, the purpose of spiritual nursing care is to facilitate spiritual health so that individuals can transcend the current situation for higher meaning and purpose [5]. Several authors confirm that nurses with spiritual awareness are likely to know what spiritual help they can offer and to have the ability to provide spiritual care [6–8]. Additionally, the hospice movement highlights the need for nurses to be aware of their feelings regarding death, for educating nursing students not to fear death, and to display a caring attitude towards dying patients and their family.

However, caregivers inevitably link images of patients with their own feelings towards death. Education regarding death and dying considerably influences attitudes of nurses toward death [9]. Nursing students must understand and be aware of the meaning and purpose of life, as well as confront fear of death if they are to offer a spiritual component in a holistic care context.

Nursing literature has addressed the integration of spiritual care into the nursing curriculum, using the nursing process, clinical rotation, elective courses on spiritual care, and awareness activities that include journals, reflection, interactive groups and seminars [10–13]. However, spiritual awareness and cultivation of students' spirituality is a precondition for students to engage in the spiritual care process [14]. Failure to be in touch with one's own spirituality has been cited as a barrier to the provision of spiritual care [15]. In nursing education today, there is a dearth of research or practice in the area of spiritual awareness. Fu initially extended thanatology to include dimensions of human life and thus created a field of study named 'life-and-death studies' (LDS) [16], which has become very popular in general education at colleges in Taiwan, particularly in

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nursing schools. According to Fu, people must accept death and the finality of life, and only then can they face both life and death respectfully. This philosophy resembles the idea of the 'subjectivity of life', namely, an autonomous life rather than a life lived as a mere tool. Individuals do not seek meaning in life unless they accept the nature of life. From Fu's point of view, an LDS course might have some effects on the spiritual awareness of nursing students.

Studies on death-related education for nursing students have focused mainly on the possibility of altering attitudes toward death [17,18]. However, teaching death and dying is not sufficient for nursing students, who are expected to care for the spirituality of all clients, including the dying. Although several scholars have claimed that death-related education should include indirectly promoting understanding of life itself and empowering those coping with death-related problems [19,20], few studies have investigated the effect of death education on the attitude toward life among nursing students [9]. Several researchers have indicated that while most adolescents have mature concepts of death, they still do not think about death actively, nor do they discuss death-related issues with parents [21]. Therefore, it is not enough to assess maturity of concepts of death. Rather, to understand changes in attitudes toward death and life, it is necessary to investigate the effects of LDS on nursing students.

To explore the meaning of life for student learning, some researchers propose that courses must include individual subjectivity, interaction with others, real-life experience, and taking the time to cultivate judgment [22,23]. More experiential teaching strategies might include simulation, reading, sharing, game-playing, story-telling and self-reflection, strategies that have been documented to attract student interest in learning the meaning and values associated with life and death, rather than feelings of anxiety [9,20,24]. Spirituality should not merely be taught, but rather incorporated into an individual's life. Weekly feedback sheets and sharing of experience or thoughts on life and death are necessary to establish a knowledge base among students. Moreover, the combination of cognitive and affective learning fosters content integration and more long-lasting and meaningful learning for students [25]. Thus, teachers must facilitate opportunities for students to experience and reflect on their lives, which is a primary task for finding meaning in life, since a feeling of purpose cannot be achieved overnight. Therefore, in order to improve the effectiveness of this course for nursing students, further studies are required to explore the course content and teaching methods of LDS. In addition, most of the research in death-related education is more than

10 years old. Combining quantitative and qualitative methods within a single study, referred to as across-method triangulation, has also frequently been suggested in nursing research [26–28]. In the field of education studies, the focus-group technique is more efficient than individual interviews, more comprehensive than a survey questionnaire, and has also been applied to various issues [29]. This study determined whether LDS has an effect on life attitudes (LA) and death attitudes (DA) among nursing students using across-method triangulation.

## METHODS

### *Design and sampling*

The methodology combines quantitative and qualitative approaches for completeness and as a reference for convergence of course evaluation. Specifically, a quantitative comparative design was used to explore issues of LA and DA, concomitantly, with a qualitative approach based on semi-structured interviews with open-ended questions. In the quantitative method, a pretest–posttest control-group design was used to minimize the effect of extraneous variables on the dependent variable of the study. A total of 99 third-year nursing students who elected to take the LDS program were randomly assigned to an experimental group of 50 and a control group of 49. However, three students in the experimental group failed to complete the posttest questionnaire, leaving 47 students in this group. With regard to the qualitative component, a focus group interview and purposive sampling were used to acquire knowledge related to attitudes toward life and death among students. The data were used to ontologically construct the meaning of individual experience in a phenomenological approach. Respondents were required to meet the following inclusion criteria: in the experimental group, no encounter with death or dying in the close family in this semester, and no history of psychiatric diagnosis. A total of 15 students agreed to be in the focus group, and these were divided into three groups by their availability and acquaintance with classmates.

### *Procedures*

Collection of quantitative and qualitative data was carried out sequentially using a self-administered questionnaire and focus-group interview, after obtaining approval from the Nursing Department and informed consent from potential participants. To ensure confidentiality, all answer sheets were anonymous. DA and LA were measured during class in week 1 of the semester, while DA, LA, and group

perception (GP) were measured during class in Week 16 of the semester. Subjects completed the questionnaire within 15–20 minutes.

The focus group was conducted mainly by an investigator who was not involved in the course. Participants were provided with an oral explanation of the study and participated voluntarily. The interview guide was developed by investigators based on research questions and piloted in three subjects. A semi-structured interview guide was used to lead group interaction, which consisted of five open-ended questions, including, “What do you think about life before and after taking this course?”, “How do you perceive death before and after taking this course?” and ending with, “Is there anything else you would like to share with us?”

On the day of each interview, the environment was arranged to facilitate the group process, such as by using a round table, comfortable temperature and lighting, and ensuring that there were no interruptions. To add validity to this study, interviewers had participants fill out basic information about themselves and provided them with a soft drink to enable interviewers to establish rapport and earn confidence. All subjects had their needs met before sitting at the table. At the beginning of the interview, group members introduced themselves. The group leader then introduced the purpose of the study and facilitated the discussion according to the interview guide. During the interview, researchers reminded themselves not to hold preconceptions and to constantly be aware that the data were correct, making clarifications if necessary. In the meantime, the co-leader and two observers kept notes of the verbal and non-verbal expressions of the group members, in order to facilitate content analysis afterwards. The whole process lasted about 60–100 minutes and was conducted 1–2 weeks after a closed-ended questionnaire was completed. With the participants’ consent, the interviews were tape-recorded and immediately transcribed verbatim by a researcher.

### ***Instruments***

The quantitative instrument was a closed-ended questionnaire used to measure participants’ demographic data, DA, LA and GP. The DA instrument contained 32 Likert-scale items and was found to be valid and reliable in 225 college nursing students [30]. In this study sample, a Cronbach’s  $\alpha$  of 0.847 was found. The LA instrument contained two subscales: amended Chinese life meaning scale (C-PIL), developed by Crumbaugh and Maholick [31], and Chinese Positive Meaning Toward Life (C-PML), developed by Klug and Sinha [32]. In this study sample, a Cronbach’s  $\alpha$  of 0.838 was found. The GP instrument had

five subscales and 25 Likert-scale items and has been found to be valid and reliable in undergraduate students [33]. A Cronbach’s  $\alpha$  of 0.865 among 96 subjects was found in the current study. All of these instruments had Cronbach’s  $\alpha$  above 0.8 in this study sample, indicating that they had good internal reliability.

### ***Educational intervention***

The educational intervention comprised 13 sessions of 2 hours, in which didactic and experiential teaching strategies were applied. These classes focused on the exploration and sharing of personal concerns, feelings, and experiences. Students were divided into small groups of three or four individuals for asynchronous discussion and sharing, related to the course content of the particular week. A feedback worksheet with a “What have I heard/seen, What do I think, and What can I do” format was completed by students for each session.

### ***Data analysis***

Statistical analysis of quantitative data was carried out using the Statistical Package for Social Sciences (SPSS for Windows 10.0, SPSS Inc., Chicago, IL, USA) and included descriptive and comparisons analysis. All results were considered significant with a  $p$  value of less than 0.05.

Two researchers, one with experience as a group leader and the other with teaching experience in LDS as a co-leader, conducted the focus-group interviews. They used the four-step process of content analysis suggested by Webb and Kevern [34] to capture overt, as well as hidden, meanings of the responses and to analyze the interviews. After the three verbatim transcripts were completed and proofed for accuracy, the two researchers analyzed the data independently, according to the interview guide, and then cross-checked for consistency on one group interview (consistency rate, 0.83). To ensure credibility, two researchers continuously engaged in the analysis and coding process; participants were also asked to review results for conformability. Phenomenological description was used and the aim of analysis was to identify elements of the phenomenon. Coding took place after each interview to allow for continuous comparison of data and regrouping of themes, where necessary. The themes were refined and extended subsequently in regular meetings between the investigators. Two investigators discussed similarities and differences in their interpretations and their own personal experience that might have influenced their interpretation. The qualitative themes were verified with the input of some participants. The results are presented as three themes.

## RESULTS

No significant difference was found between the experimental and control group in demographic characteristics and means of the pretest on DA and LA. The data indicate subject homogeneity across groups (Tables 1 and 2).

### Quantitative results

Differences in DA and LA between pretest and posttest were compared separately by *t* test in the two groups.

Pretest and posttest scores for LA and DA differed significantly in the experimental group, but there were no significant differences in the control group (Tables 3 and 4).

ANCOVA was used to test the effectiveness of LDS on DA and LA. The pretest score of the DA/LA was used as the covariate and the posttest score of the DA/LA as the dependent variable. The adjusted means of LA differed significantly between the two groups ( $p = 0.001$ ), with the score in the experimental group improving considerably more than that in the control group (Figure and Table 5).

**Table 1.** Demographic characteristics of subjects

Variable	Class	Total	Control group ( <i>n</i> = 49)	Experimental group ( <i>n</i> = 47)	<i>t</i> or $\chi^2$	<i>p</i>
Religion <i>n</i> (%)	No	55 (57.3)	32 (65.3)	23 (48.9)	2.627	0.105
	Yes	41 (42.7)	17 (34.7)	24 (51.1)		
Dying care experience <i>n</i> (%)	No	68 (70.8)	36 (73.5)	32 (68.1)	0.337	0.562
	Yes	28 (29.2)	13 (26.5)	15 (31.9)		
Death of significant subjects <i>n</i> (%)	No	32 (33.3)	15 (30.6)	17 (36.2)	0.333	0.564
	Yes	64 (66.7)	34 (69.4)	30 (63.8)		
Near death experience <i>n</i> (%)	No	83 (86.5)	44 (89.8)	39 (83.0)	0.952	0.329
	Yes	13 (13.5)	5 (10.2)	8 (17.0)		
			Mean $\pm$ SD	Mean $\pm$ SD		
Age*			19.00 $\pm$ 0.70	18.79 $\pm$ 1.16	1.080	0.284
Present emotion (1–5)*			3.00 $\pm$ 0.76	2.78 $\pm$ 0.97	1.186	0.239
Self-rated health (1–5)*			3.10 $\pm$ 0.77	2.97 $\pm$ 0.60	0.873	0.385
Frequency of discussing death issue with family (1–5)*			2.14 $\pm$ 0.86	1.97 $\pm$ 0.82	0.952	0.343
Frequency of discussing death issue with friends (1–5)*			2.16 $\pm$ 0.85	2.14 $\pm$ 0.75	0.087	0.931
Frequency of reading life-death related book or magazine (1–5)*			1.89 $\pm$ 0.82	1.87 $\pm$ 0.64	0.169	0.866
Belief about ghost existence after death (1–5)*			3.67 $\pm$ 0.77	3.72 $\pm$ 0.74	–0.322	0.748

\*Mean  $\pm$  standard deviation.

**Table 2.** Comparison of death attitudes and life attitudes between pretest in the two groups

Item	Control group	Experimental group	<i>t</i>	<i>p</i>
Death attitude	83.59 $\pm$ 12.18	87.55 $\pm$ 12.36	–1.581	0.117
Life attitudes	94.14 $\pm$ 14.56	99.40 $\pm$ 12.83	–1.875	0.064
Meaning of life	75.90 $\pm$ 11.99	79.88 $\pm$ 14.96	2.16	0.036
Positive sense of life	23.71 $\pm$ 3.22	24.82 $\pm$ 3.21	1.83	0.074

Values are mean  $\pm$  standard deviation.

**Table 3.** Comparison of death attitudes and life attitudes between pretest and posttest in the experimental group

Item	Pre-test	Post-test	<i>t</i>	<i>p</i>
Death attitude	87.28 ± 12.17	92.63 ± 14.58	3.21	0.003
Life attitudes	99.39 ± 12.49	105.15 ± 16.33	2.68	0.011
Meaning of life	75.90 ± 11.99	79.88 ± 14.96	2.16	0.036
Positive sense of life	23.71 ± 3.22	24.82 ± 3.21	1.83	0.074

Values are mean ± standard deviation.

**Table 4.** Comparison of death attitudes and life attitudes between pretest and posttest in the control group

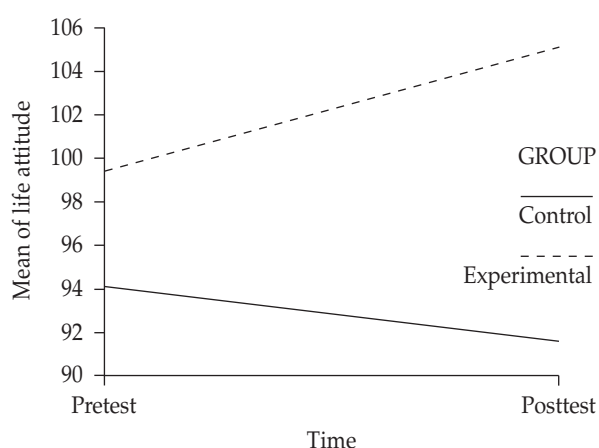
Item	Pre-test	Post-test	<i>t</i>	<i>p</i>
Death attitude	83.04 ± 12.24	86.08 ± 14.54	1.92	0.06
Life attitudes	94.11 ± 14.78	91.59 ± 17.12	-1.45	0.15
Meaning of life	72.04 ± 12.77	69.84 ± 15.86	-1.29	0.20
Positive sense of life	22.06 ± 3.93	21.73 ± 4.02	-0.57	0.56

Values are mean ± standard deviation.

**Table 5.** ANCOVA of death attitudes and life attitudes among groups

Item	Group	Adjusted mean	SS	df	MS	<i>f</i>	<i>p</i>
Death attitudes	Control	87.761	203.929	1	203.929	1.795	0.184
	Experimental	90.837					
Life attitudes	Control	93.680	1740.301	1	1740.301	11.187	0.001
	Experimental	102.905					

SS = sum of square; MS = mean of square; df = degree of freedom.



**Figure.** Change between pretest and posttest on life attitudes in the two groups.

### Qualitative results

Three themes were identified from content analysis of focus-group interview data: participants' attitudes toward life and death, how to live with death, and what is the nature of life. These will be examined as "expanding viewpoint and perceiving autonomy through interaction (self-awareness)," "confronting or sad with death (emotional reaction to death event)," "treating life sincerely through awareness of death (death transcendence)," and "instilling hope in life (hardship transcendence)."

#### *Expanding viewpoint and perceiving autonomy through interaction*

Interpersonal interactions in course activities enabled students to know themselves better and to enrich their



experience of matters related to life and death. As one participant commented, "I was able to talk and share my ideas and feelings with the rest of the group. I thus gained a better understanding of myself and others." Another participant added that, "I can consider death from variable points and feel knowledgeable for my age," while a third participant noted that, "After taking this course, rather than conceiving life as predetermined by God, I have come to realize that I can control my own destiny. The life I live thus depends on my own efforts... Furthermore, I discovered that we are not dependent on others for our well-being but rather can create it for ourselves."

#### *Saddened by death*

Some participants imagined that they would not fear facing the dead or other death-related matters, and would even be able to discuss death with others after taking this course. As a participant observed, "Previously, I thought about the death of my relatives pessimistically, and had a fear of seeing a corpse and not knowing what to do. Now I will think of the good deeds that the deceased has done in the past... I am also confident that I will be able to care for the corpses of patients without feeling guilty for not taking good care of them." However, some participants still felt sad about their own death or could not accept the death of their family. One participant described her feeling: "I will not easily cope with death of my significant others... I still feel sad that I will die someday."

#### *Treating life sincerely through awareness of death*

Through participating in the course activities and assignments, students became aware that death would come to them someday. Instead of feeling negative toward that death, they prepared for their own deaths by accepting death, valuing life and communicating with others. As a participant commented, "During this course, I realized that I would cause my family members unnecessary grief if I did not clearly communicate my will to them... Moreover, I feel that death is a part of life, and that I must face my own death."

#### *Instilling hope in life*

Students witnessed a change in their perception regarding the essence of life. Life is not the pursuit of pleasure or escape from hardship, but discovering hope in hardship. As one participant said, "Previously, I would rather die than face hardship. However, after playing the game 'musical chairs,' I realized that every human faces some sort of hardship in life. You must face life's problem, not escape

from them through suicide. Once you work out and overcome your problems, trouble will cease to exist and you can move on."

## DISCUSSION

The combined qualitative and quantitative approach to the effect the LDS course had on LA and DA generated findings that supplemented and complemented each other. Based on the results of this study, there was a significant improvement in perceptions of the meaningfulness of life among students after they took the LDS course. While we learn or teach about death, death not only refers to biologic events, but also involves personal attitudes toward life and perceptions of its meaningfulness [35,36]. Evidence from the focus group interviews shows that this course inspired students to think about life and subsequently form new attitudes towards life. For example, one participant commented, "This course inspired me and, unexpectedly, led me to think in new ways. Prior to this course, I would ask 'Why me' upon encountering difficulties, but now I prefer to think of what I live for and treat difficulties as a challenge from God. Perceiving that I myself may be terminated at any moment, and that death is not something that affects strangers only, I realize that I have to make an effort to continue living and to treasure time and relationships." After taking this course, students not only stopped perceiving death romantically or wishing for death, but also acknowledged their mortality and faced their finiteness, inspiring them to use their lifetime to the utmost. This result is in line with Frankle's [37] and Moraglia's [38] observations that the very finiteness of human existence is a precondition for life-meaning and pursuing meaning in life is a basic human motivation. Through interaction with others and awareness of death, students develop death and hardship transcendence as well as an emotional reaction to death. Death and life issues in LDS are indeed suitable for achieving the goal of making nursing students' lives as meaningful as possible.

Although there was no significant difference between the two groups on attitudes toward death, students' attitudes toward death were significantly correlated with the emotional profit subscale of GP ( $r = 0.312, p < 0.05$ ). This lack of significant change might be attributed to the teacher's failure to provide an adequately supportive atmosphere when discussing personal thoughts and feelings. The group sharing and discussing might not have helped most students adapt to living with death or loss.

As a participant put it, "I never thought that death would happen to me before taking this LDS course. However, the course made me feel sad that death will definitely happen to me someday." This feedback should serve to remind educators to place more importance on dealing with the affective side of students in confronting their own deaths.

In spite of the lack of significant difference between the two groups on attitudes toward death, in terms of self-awareness, students in the experimental group expanded their point of view, perceived their lives as autonomous, coped with death by treating life sincerely, and even developed hope during hardships. This gives a clear picture that participants learned to live with death rather than to avoid death.

In conclusion, this course has encouraged participants to make every day of their lives as satisfying and meaningful as possible. In terms of empowerment, the LDS course clarified what lay beyond the control of students and what was within their control, and freed students to live meaningful and productive lives. Designing activities to help students feel empathy not only for the death of others but also for their own death is valuable in helping them to confront death and live productively. Moreover, having students think about the meaning of life and reflect upon their feelings toward death is necessary to foster a positive meaning of life. The course invited students to think and talk about death through simulated activities. Rather than looking for death, students developed a more positive approach to life. In terms of teaching about spirituality, although some educators may believe that it is beyond their expertise to incorporate issues of spirituality into programming, it is still possible to provide opportunities for students to reflect on their lives and the death-related decisions they may make. By creating a learning environment in which self-reflection is emphasized, by sharing what is meaningful, and by questioning life in non-threatening learning situations, educators may help to enhance students' spirituality [2]. Finally, the approach used in this LDS course can be adopted to design teaching and learning activities for similar nursing programs. It is suggested that an LDS course be developed and included in the nursing curriculum to foster spirituality among students and to prepare them for taking advanced spirituality courses, as well as providing spiritual care for patients.

This study had a number of limitations. First, the sample size for each group was not large enough, limiting the generalization of the results. Second, although subjects in both groups were homogeneous in religion and other demographic characteristics, other environmental and

personal variations might still exist among them. Third, a pretest–posttest control group design could not confirm the interaction of emotional profit. Further research needs to be refined to detect the emotional profit in death attitude, for example, using a factorial design. Additionally, post-intervention test data were collected only once, 1 week after the program, so long-term effects were not recorded. Therefore, further research should include replication of this study with a large sample size and examine the efficacy of didactic and affective learning activities coupled with clinical experience with the dying and bereaved clients.

## REFERENCES

1. Burkhardt MA, Nagai-Jacobson MG. Reawakening spirit in clinical practice. *J Holist Nurs* 1994;12:9–21.
2. Dennis DL, Dennis BG. Spirituality at work. *Am J Health Educ* 2003;34:297–301.
3. McEwen M. Analysis of spirituality content in nursing textbooks. *J Nurs Educ* 2003;43:20–30.
4. Smith H. *Why Religion Matters*. San Francisco: HarperSanFrancisco, 2001:167–200.
5. Taylor EJ. *Spiritual Care: Nursing Research, Therapy, and Practice*. Upper Saddle River, NJ: Prentice-Hall, 2002:171.
6. Burkhardt MA. Spirituality: an analysis of the concept. *Holist Nurs Prac* 1989;3:69–77.
7. Long A. Nursing: a spiritual perspective. *Nurs Ethics* 1990;4:496–510.
8. Meyer CL. How effectively are nurse educators preparing students to provide spiritual care? *Nurse Educ* 2003;28:185–90.
9. Tseng H, Lin C, Lin H, Fu C. The effect of life and death education on students. *Formosa J Mental Health* 1998;11:49–68.
10. Bush T. Journalling and the teaching of spirituality. *Nurs Educ Today* 1999;19:20–8.
11. Catanzaro AM, McMullen KA. Increasing nursing students' spiritual sensitivity. *Nurs Edu* 2001;26:221–6.
12. Greenstreet WM. Teaching spirituality in nursing: a literature review. *Nurs Educ Today* 1999;19:649–58.
13. Ross LA. Teaching spiritual care to nurses. *Nurs Educ Today* 1996;16:38–43.
14. Mayer J. Wholly responsible for a part, or partly responsible for a whole? The concept of spiritual care in nursing. *Second Opin* 1992;17:26–55.
15. O'Brich ME. *Spirituality in Nursing: Standing on Holy Ground*, 2<sup>nd</sup> edition. Boston: Jones and Barlett, 2002:123–68.
16. Fu W. *Dignity of Death and Life*. Taipei: Cheng Chung, 1994:5–25.
17. Hurtig WA, Stewin L. The effect of death education and experience on nursing students' attitudes towards death. *J Adv Nurs* 1990;13:29–34.
18. Lev EL. Effects of course in hospice nursing: attitudes and behaviors of baccalaureate school of nursing undergraduates and graduates. *Psychol Report* 1986;59:847–58.
19. Corr CA, Nabe CM, Corr DM. *Death and Dying, Life and Living*, 2<sup>nd</sup> edition. London: Brooks/Cole, 1997:133–55.

20. Zau K. *Medical Related Course for Life-and-Death Education*. Seminar for College Educators in Life-and-Death Education, 2000:1-2.
21. Noppe IC, Noppe LD. Evolving meanings of death during early, middle and later adolescence. *Death Studies* 1997;21: 253-75.
22. Tsu J. The probability of meaning in life and life education. *Educational Resource and Reseach* 2003;53:61-8.
23. Wu T, Hwang J. Effectiveness of a life education program in purpose in life. *Bulletin of National Institution of Educational Resources and Research* 2001;26:377-92.
24. Lockard BE. Immediate, residual, and long-term effects of a death education instructional unit on the death anxiety level of nursing students. *Death Studies* 1989;13:137-59.
25. Robison J. Increasing students' cultural sensitivity: a step toward greater diversity in nursing. *Nurse Educ* 2000;25: 131-5.
26. Foss C, Ellefsen B. The value of combining qualitative and quantitative approaches in nursing research by means of method triangulation. *J Adv Nurs* 2002;40:242-8.
27. Floyd JA. The use of across-method triangulation in the study of sleep concerns in healthy older adults. *Adv Nurs Sci* 1993;16:70-80.
28. Mitchell E. Multiple triangulation: a methodology for nursing science. *Adv Nurs Sci* 1986;8:18-26.
29. Berg J, Tichacek MJ, Theodorakis R. Evaluation of an educational program for adolescents with asthma. *J School Nurs* 2004;20:29-35.
30. Hwang HL, Lin HS. A study of attitudes toward death and attitudes toward the elderly among senior nursing students, the relationship between them, and related factors. *J Nurs Res* 2000;8:214-26.
31. Crumbaugh JC, Maholick LT. An experimental study in existentialism: the psychometric approach to Frankl's concept of noogenic neurosis. *J Clin Psychol* 1964;20:200-7.
32. Klug L, Sinha A. Death acceptance: a two-component formulation and scale. *Omega* 1987;18:229-35.
33. Pan JD. A study on the verbal interactions and the variables of group process. *Chung Yuan J* 1998;26:73-97.
34. Webb C, Kevern J. Focus groups as a research method: a critique of some aspects of their use in nursing research. *J Adv Nurs* 2001;33:798-805.
35. Klatt HJ. In search of a mature concept of death. *Death Studies* 1991;15:177-87.
36. Noppe LD, Noppe IC. Ambiguity in adolescent understandings of death. In: Corr CA, Balk DE, eds. *Handbook of Adolescent Death and Bereavement*. New York: Springer, 1996:25-41.
37. Frankl VE. *The Doctor and the Soul*. New York: Vintage, 1986.
38. Moraglia G. On facing death: views of some prominent psychologists. *J Humanistic Psychol* 2004;44:337-57.



# 生死學課對護專學生生死態度影響之研究

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本研究旨在評值護專學生接受生死學之後在生死態度上的影響。藉由質量性並用的方法蒐集護專生對生死的看法，並採用雙組前後測研究設計，經電腦隨機有意願選修且完全參與測試者共 47 人當實驗組，49 人則當控制組。此 13 週的生死學課程設計包括講述、錄影帶欣賞、遊戲、模擬、影片觀賞、讀書報告、作業及團體分享。資料分別由統計分析及內容分析，結果顯示護生的生命意義有朝向正向改變。另外，由內容分析也提供實驗組樣本的心聲，包括視野增長、正視或感傷死亡、珍惜生命、以及灌注希望。此外，與他人的互動分享及個人的反思有助生命意義正向的改變。

**關鍵詞：**生死學、評值、護生

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